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ABSTRACT

This report summarizes survey data on state policies and procedures related to the provision of services to students with Attention Deficit Disorder and Attention Deficit/Hyperactivity Disorder (AD/HD). Information was received from 41 states and 3 non-state jurisdictions in the fall of 1998. Findings indicate: (1) at least 21 states have written policies or guidelines for the education of students with AD/HD; (2) 30 of the states did not include AD/HD within the definition of a specific category of disability; (3) 31 of the 44 states have no written policy on individual identification or assessment of AD/HD; (4) none of the responding states disaggregate data on the number of students with AD/HD from other disability categories; (5) although none of the responding states reported a specific policy regarding medication of students with AD/HD, 9 states referred to a general medication policy or health care procedure on this issue; and (6) the greatest challenges for local education agencies related to AD/HD were identified as: provision of educational services in the general education environment and determining eligibility under different federal laws. (CR)

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ED 432 871

QUICK TURN AROUND PROJECT FORUM

NATIONAL ASSOCIATION OF STATE DIRECTORS OF SPECIAL EDUCATION, INC.

QTA – A BRIEF ANALYSIS OF A CRITICAL ISSUE IN SPECIAL EDUCATION

ISSUE: EDUCATING CHILDREN WITH AD/HD: STATE POLICIES

AUGUST 1999

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Quick Turn Around

Project Forum

QTA - a brief analysis of a critical issue in special education

Issue: Educating Children with AD/HD: State Policies **Date: August 1999**

Purpose

This QTA is a summary of survey data on state policies and procedures related to the provision of services to students with Attention Deficit Disorder (ADD) and Attention Deficit/Hyperactivity Disorder (AD/HD). Information was received from 41 states and 3 non-state jurisdictions in the fall of 1998.

Background

There has been much concern about AD/HD in relation to the number of students identified as having this condition. According to a study by Weaver and Landers (1998), AD/HD is considered by most professionals to be a neurological condition, but there is limited research to support this exclusive claim. In the U.S., an individual is 50 times more likely to be diagnosed with AD/HD than someone in another country (Weaver and Landers, 1998). This has been attributed to the fact that in the U.S. professionals have a *medical model* of AD/HD, placing the cause within the individual, though professionals in other countries believe that the behavior associated with AD/HD is the product of the environment in which the individual functions.

It is estimated that 3 to 5 percent of the school-age population has AD/HD (R.R. Davila, M.L. Williams, and J.T. MacDonald, Memorandum to Chief State School Officers, September 16, 1991). However, it is critical to base any diagnosis on measurable and observable data "since identification of students based on the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) criteria has resulted in diagnosing from 2 percent to 30 percent of the population as AD/HD" (Weaver and Landers, 1998, p.25). Moreover, the DSM-IV cites four different definitions of AD/HD depending on the degree of symptoms.

Despite the lack of clear guidelines for identifying and serving individuals with AD/HD, a growing number of children are being diagnosed with this condition. Families and school personnel are uncertain about the medical and/or educational implications of this diagnosis, and educators are seeking appropriate ways to meet the educational needs of these students. An indicator of the overwhelming concern about AD/HD is the 2,068 comments received from parents and educators during Congress' four-month comment period on *a Notice of Inquiry* published in November 1990 (Danielson, Henderson and Schiller, 1998).

Final Regulations Related to AD/HD

On March 12, 1999, the U.S. Department of Education released the final regulations for the *Assistance to States for Education of Children with Disabilities under the Individuals with Disabilities Education Act (IDEA), Part B.* References to AD/HD in these regulations reflect the many public and policy discussions on this disorder, and serve as clarification on which disability category best describes AD/HD. Specifically, a significant change in the regulations is the definition of *Other Health Impairment* (OHI), which includes ADD and AD/HD on the list of possible conditions for OHI eligibility. OHI "*....means having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the*

educational environment, that -

> *(i) Is due to chronic or acute health problems such as ... attention deficit disorder or attention deficit hyperactivity disorder..." [34 C.F.R.§300.7 (1999)].*

Joint Policy Clarification Memorandum

In 1991, the U.S. Department of Education's (DOE) Office of Special Education and Rehabilitative Services (OSERS), Office for Civil Rights and the Office of Elementary and Secondary Education issued a joint memorandum to clarify "policy to address the needs of children with attention deficit disorders within general and/or special education" (1991, p. 1). The memorandum stressed the importance of coordinating efforts between general and special education to provide services for children with ADD and AD/HD, and clarified the following issues:

- Eligibility for special education services under Part B of IDEA via one of several disability categories including other health impairment (OHI), specific learning disability (SLD), or serious emotional disturbance (SED).
- Part B requirements for evaluation of educational needs.
- Responsibility of state and local education agencies (SEAs and LEAS) to provide services to eligible children with ADD and AD/HD under Part B.
- Responsibility of LEAs to provide education and related aids and services to children with ADD and AD/HD who are not eligible under Part B.

When a student with AD/HD does not qualify as *a child with a disability* under IDEA, the school district may still be responsible for providing services to meet the individual needs of that student under Section 504 of the Rehabilitation Act of 1973. Section 504 prohibits discrimination against individuals who have a physical or mental impairment which substantially limits a major life activity such as learning.

Project FORUM Survey

As part of Project FORUM's Cooperative Agreement with the U.S. Department of Education's Office of Special Education Programs (OSEP), states and non-state jurisdictions were surveyed regarding their policies and procedures for identifying and serving children with AD/HD. Specifically, OSEP was interested in evaluating "the impact of the 1991 Joint federal policy memorandum and other efforts to clarify education policy for serving children and youth with ADD" (Danielson, Henderson and Schiller, 1998, p. 6).

The Project FORUM survey was sent to all State Directors of Special Education in late September, 1998. By the middle of November, completed surveys had been received from 41 states and 3 non-state jurisdictions (hereafter both referred to as state education agencies, or SEAS). OSEP staff incorporated the data collected and summarized by Project FORUM into a brief document. A presentation was given by OSEP staff at a Consensus Development Conference on AD/HD at the National Institutes of Health in November 1998.

Survey Findings[1]

Written Policies

Prior to the release of the final regulations, neither the IDEA, Section 504, nor the Americans with Disabilities Act (ADA) required states to have written policy regarding the education of students with AD/HD. However, at least 21 states have written policy or guidelines on this subject. Five states cover AD/HD in their special education (IDEA) rules or regulations.[2] One of the states refers to AD/HD as part of its state special education law or statute. Six states include AD/HD as part of Section 504 rules or regulations, including one state that also addresses the issue as part of ADA rules or regulations.

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[1]Please note that the Project FORUM survey was conducted prior to the release of the final regulations.

[2]One of the five states with rules or regulations on AD/HD also covered it as part of its IDEA Part B state plan.

Written policy on this issue can also be found in SEA guidelines that refer to, or summarize, the *Joint Policy Clarification Memorandum* of 1991. Nine of the 21 states with written policies reported that the SEA sent such guidelines and/or provided copies of the memorandum to local districts as part of their state policies. This includes one state that also requires LEAs to provide information on characteristics, identification, assessment, intervention, and service delivery options related to AD/HD as part of a state resolution passed in May 1992.

Twenty-three of the 44 SEAs that responded to the Project FORUM survey provide no formal or informal written policies or guidelines related to AD/HD.

State Definitions of AD/HD

Thirty of the 44 SEAs do not include AD/HD within the definition of a specific category of disability. Of the 14 states that do, 5 states define AD/HD under multiple categories. Eleven states define it under OHI, 8 states under SLD, and 5 states under SED. The categories used by the states are consistent with the DOE clarification memorandum distributed in 1991, which focused on OHI, SED, and SLD categories.

Individual Identification/Assessment

Thirty-one of the 44 SEAs have no written policy on individual identification or assessment of AD/HD, while 13 states reported some type of written policy on this topic. Two states specify procedures or regulations in their statute or regulations, and 10 states have distributed guidelines or reports to LEAs on this issue. These written guidelines or reports range from comprehensive documents on assessment techniques and measures, to examples of policy decisions sent to LEAs through task forces, technical assistance and/or family and educational support reports.

State Data Collection on AD/HD

None of the responding SEAs disaggregate data on the number of students with AD/HD from other disability categories. Only six states collect information about the number of students with AD/HD as part of another disability category. For example, two states noted that the information is extrapolated based on estimates from the organization *Children and Adults with Attention Deficit Disorders* (CHADD) which cites a 3-5 percent prevalence rate of AD/HD in SLD, OHI, and SED categories.

Medication of Students with AD/HD

Although none of the responding SEAs reported a specific policy regarding medication of students with AD/HD, 11 states referred to a general medication policy or health care procedures on this issue. One state provides ADA and Section 504 guidelines, and another furnishes its task force report on AD/HD to clarify policy concerning the administration of medication.

AD/HD Challenges for LEAs

According to the 44 responding SEAs, the greatest challenges for LEAs related to AD/HD are:

- provision of educational services in the general education environment (n=23)
- determining eligibility under IDEA (n=22)
- determining eligibility under Section 504 or ADA (n= 17)
- assessment under Section 504 or ADA (n=14)[3]

Other concerns noted by respondents include: high number of requests for IDEA eligibility from parents and the medical community, over-referral for IDEA services, questionable diagnosis by medical and psychological personnel, and over-medication of students with AD/HD.

[3] Totals add up to more than 44 because of multiple responses from respondents.

Concluding Remarks

At least 23 SEAs do not have written policy regarding the education of students with AD/HD. States that do have policy on this disorder address it as part of the special education statute, special education (IDEA) rules/regulations or Section 504 rules/regulations.

Many state policies reflect the joint clarification memorandum released in 1991 by the U.S. Department of Education. This and other federal initiatives led to a growing awareness of issues related to the education of students with AD/HD. Concern about the provision of special education and related services to these children caused some SEAs and LEAs to create task forces or develop guidance and technical assistance on critical issues related to AD/HD.

IDEA's final implementing regulations now include AD/HD as one of several disabling conditions listed under *Other Health Impairment*, or OHI. This federal change is valuable because it acknowledges the overwhelming number of comments received by OSEP, clarifies policy, and increases awareness regarding the AD/HD condition.

There are many challenges ahead in identifying the number of children with AD/HD. At the Consensus Development Conference on AD/HD at the National Institutes of Health in November, 1998, OSEP suggested (1) that the federal government might play a substantial clarifying role on AD/HD policy through federal data collection efforts; and (2) that continued support for longitudinal studies and evaluations of special education services and student outcomes should be encouraged through federal funding initiatives.

References

Danielson, L., Henderson, K., and Schiller, E. (1998, November). Educational Policy: Educating Children with Attention Deficit/Hyperactivity Disorders. Paper presented at the Consensus Development Conference on AD/HD at the National Institutes of Health, Bethesda, MD.

Weaver, R. & Landers, M.F. (1998). The educational implications of ADD/ADHD. School Business Affairs, 64(8), 25-28.

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